

2020 Dental

Dental Carrier	Humana	Dental Associates
Deductible		
Single	\$25	\$0
Family	\$75	\$0
Annual Maximum	\$1,250*	\$2,000
Preventive Services (do not track toward annual maximum)		
Oral Exams (2) per year	100%	100%
Bitewing X-Rays (2) per year	100%	100%
Full Mouth or Panoramic X-Rays (1) per (3) years	100%	100%
Cleanings (2) per year	100%	100%
Topical Fluoride (to age 19) (2) per year	100%	100%
Sealants (on molars to age: 19 Humana; 15 Dental Associates)	100%	100%
Space Maintainers	100%	100%
Pre-diagnostic testing (age 40 and older) (1) per year	100%	100%
Basic Services		
Problem- focused evaluation (emergency)	80%	100%
Palliative (emergency) treatment for pain relief	80%	100%
Fillings	80%	100%
Extractions	80%	100%
Oral Surgery & Drug injections	80%	100%
Periodontal evaluations, maintenance, & Surgery	80%	100%
Pulp Tests & Pulpotomies on primary teeth	80%	100%
Endodontics	50%	100%
Recementation of crowns, bridges, inlays, onlays & veneers	80%	100%
Occlusal guards & adjustments	80%	100%
Stainless Steel Crowns on primary teeth	80%	100%
Major Services		
Crowns (1) per 5 years	50%	80%
Gold Foil Fillings (1) per 5 years	No Coverage	No Coverage
Inlays or Onlays (1) per 5 years	50%	No Coverage
Implants(1) per 5 years	50%	80%
Porcelain / Ceramic / Resin Material	50%	80%
Veneers (anterior & bicuspid teeth) (1) per 5 years	50%	80%
Prosthodontic Services	50%	80%
Installation and Maintenance/Repairs of Bridgework & Dentures		
Orthodontics (per course or treatment)		
Orthodontic treatment in progress on your effective date will be prorated for the remainder of the treatment period. The plan does not include charges for Orthodontic services started prior to effective date of your coverage.	50% to \$1,500 Max.	50% to \$2,000 Max.

* Benefits are paid at 30% once the annual maximum is spent.

Rates (based on full-time employment)	Humana Plan Employee Per Payroll	Dental Associates Plan Employee Per Payroll
Employee	\$3.36	\$2.52
Family	\$10.20	\$7.18